FOR STATE HEALTH DEPT.

06731

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06730

1. DECEASED-NAME (Type or Print): First Ira Middle Robert Last Albaugh Sr.

2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month 5 Day 8 Year 1969 — 2b. HOUR 205 M

3. SEX: M — 4. RACE: W — 5. DATE OF BIRTH: 4-6-1904 — 6. AGE (In years last birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.

2c. DATE PRONOUNCED DEAD Month 5 Day 8 Year 1969 — 2d. HOUR 235 M

7a. BIRTHPLACE (State or foreign country): MARYLAND — 7b. CITIZEN OF WHAT COUNTRY? U.S. — 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9. COUNTY OF DEATH: CARROLL Md.

10. CITY OR TOWN OF DEATH: UNION BRIDGE — 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RURAL — 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARMER — 12b. KIND OF BUSINESS OR INDUSTRY: OWNER

13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE: MARYLAND — 13b. COUNTY: CARROLL — 13c. CITY OR TOWN: UNION BRIDGE — 13d. INSIDE CITY LIMITS? YES ☐ NO ☒ — 13e. STREET AND NUMBER: RURAL

14. FATHER'S NAME: First JOHN Middle D. Last ALBAUGH — 15. MOTHER'S MAIDEN NAME: First MAUDE Middle NUSBAUM Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No — 16b. SOCIAL SECURITY NO.: 213-36-8692 — 17. INFORMANT: MRS. MILDRED T. ALBAUGH — ADDRESS: UNION BRIDGE MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: about 5-10'
DUE TO, OR AS A CONSEQUENCE OF
(b) Tractor upsetting on him with seat — same
DUE TO, OR AS A CONSEQUENCE OF
(c) Coming to rest on his neck

928X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b. TIME OF INJURY Month, Day, Year: HOUR A.M. 2:05 P.M. 5-8 1969 — 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Tractor overturned on deceased

21d. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐ — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): FARM — 21f. LOCATION Street or R.F.D. No. RD #1 Hoff Rd, City or Town Union Bridge, County Carroll, State Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒ Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Julius Chepko M.D.
EXAMINER'S NAME (Type): Julius Chepko
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 5/8/69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: 5-11-1969 — 23c. NAME OF CEMETERY OR CREMATORY: PIPE CREEK CEM. — 23d. LOCATION (City or Town) (County) (State): CARROLL COUNTY MD

24. FUNERAL DIRECTOR: Hutchins Sons — ADDRESS: UNION BRIDGE MD — 25a. REC'D BY REGISTRAR DATE: MAY 13 1969 — 25b. REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

1

06732

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06731

1. DECEASED-NAME (Type or print) First: LUCY	Middle: ROSETTA	Last: BAILEY	2a. DATE OF DEATH Month Day Year: MAY 15, 1969
2b. HOUR: 6:45 P.M.	3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: 10-27-1882
6. AGE (In years last birthday): 86 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): West Virginia	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Allegany	13c. CITY OR TOWN: Cumberland	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 108 Pennsylvania Ave.			
14. FATHER'S NAME First: Abner	Middle:	Last: Bane	15. MOTHER'S MAIDEN NAME First: Martha
Middle:	Last: Whipp		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: Unk.	17. INFORMANT Address: Records, Springfield State Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Generalized arteriosclerosis — Years

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with cerebral arteriosclerosis, with psychotic reaction

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 3-22-60, 19____, to 5-15-69, 19____, that (I) (we) last saw the deceased alive on 5-15-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Dr. Antonius Glahn	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED: 5/16/69	
22d. PHYSICIAN'S NAME (Type): Antonius Glahn, M. D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 18 May 1969	23c. NAME OF CEMETERY OR CREMATORY: Beaver Run	23d. LOCATION (City or Town) (County) (State): Mineral Co. W. Va.
24. FUNERAL DIRECTOR: Harry W. Haight	ADDRESS: Sykesville, Md.	25a. REC'D BY REGISTRAR DATE: MAY 21 1969	25b. REGISTRAR'S SIGNATURE: Blanche Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

06733

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06732

1. DECEASED-NAME (Type or print) First: Jane Middle: Roberta Last: Bilz
2a. DATE OF DEATH Month: 5 Day: 31 Year: 69
2b. HOUR: 6:45 M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 09-29-79
6. AGE (In years last birthday): 89 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hosp
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Clerk
12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 40 Manchester Ave.
14. FATHER'S NAME First: Patrick Middle: Last: Dignan
15. MOTHER'S MAIDEN NAME First: Mary Middle: Last: Conroy
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 215-05-7240
17. INFORMANT Address: Springfield State Hosp. Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Weeks
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4270

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 11-1, 1968, to 5-31, 1969, that (I) (we) last saw the deceased alive on 5-31 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: John C. Murphy M.D. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 5-31-69
22d. PHYSICIAN'S NAME (Type): John C. Murphy M.D.
22e. ADDRESS: Springfield State Hosp. Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 3, 1969
23c. NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
23d. LOCATION (City or Town) (County) (State): Baltimore Maryland
24. FUNERAL DIRECTOR: Thomas D. Fletcher F.H. ADDRESS: 254 E. Main Street Westminster Md.
25a. REC'D BY REGISTRAR DATE: JUN 4 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1X69

06734

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06733

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print): First Elijah, Middle John, Last Blizzard

2a. DATE OF DEATH: Month 5, Day 28, Year 69

2b. HOUR: 7 AM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: Sept. 15, 1883

6. AGE (In years last birthday): 85 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll, Md.

10. CITY OR TOWN OF DEATH: Westminster

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll CO. Hospt.

12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.): Carpenter

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Balto.

13c. CITY OR TOWN: Reisterstown

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: Emory Rd.

14. FATHER'S NAME: First Johnsie, Middle, Last Blizzard

15. MOTHER'S MAIDEN NAME: First Margaret, Middle, Last Rigler

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 213-12-0085

17. INFORMANT: Mary Blizzard — Address: Reisterstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CIRCULATORY FAILURE — 12 HOURS

426x

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) COR PULMONALE — YEARS

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5/27, 1969, to 5/28, 1969, that (I) (we) last saw the deceased alive on 5/28, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Proco Jr M.D. — ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5/28/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 31, 1969

23c. NAME OF CEMETERY OR CREMATORY: Emory Cemetery

23d. LOCATION (City or Town) (County) (State): Reisterstown, Md.

24. FUNERAL DIRECTOR: Tipton - Eline Funeral Home Hampstead, Md.

ADDRESS

25a. REC'D BY REGISTRAR DATE JUN 3 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06735

CERTIFICATE OF DEATH

06734

1. DECEASED-NAME (Type or print) First: Ann	Middle: Laura	Last: Bloom	2a. DATE OF DEATH Month: 5 Day: 20 Year: 69
2b. HOUR: 7:05 PM	3. SEX: female	4. RACE: white	5. DATE OF BIRTH: 8/2/99
6. AGE (In years last birthday): 69 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	
7a. BIRTHPLACE (State or foreign country): Pennsylvania	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Rural--Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): HOUSEKEEPING	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: New Windsor	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 315 College Avenue			
14. FATHER'S NAME First: Andrew	Middle: -	Last: Jenkins	15. MOTHER'S MAIDEN NAME First: Phoebe
Middle: -	Last: Shaw		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 215-54-1400-T	17. INFORMANT Address: Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of the rectum with metastasis to liver and other organs.
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic heart disease.
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

1541

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months / Years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with cerebral arteriosclerosis with behavioral reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 2/21/, 1968, to 5/20/, 1969, that (I) (we) last saw the deceased alive on 5/20/ 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: F. Najjar M.D.	DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☑	22c. DATE SIGNED: 5/20/69
22d. PHYSICIAN'S NAME (Type): F. NAJJAR, M.D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland	

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: MAY 24-1969	23c. NAME OF CEMETERY OR CREMATORY: PRESBYTERIAN	23d. LOCATION (City or Town) (County) (State): NEW WINDSOR MD
24. FUNERAL DIRECTOR: [illegible]	ADDRESS: NEW WINDSOR	25a. RECD BY REGISTRAR DATE: MAY 23 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

FOR STATE HEALTH DEPT.

06736

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06735

1 DECEASED NAME (Type or Print) First: CLIFTON Middle: EUGENE Last: DORSEY

2a. DATE OF DEATH KNOWN [X] ESTIMATED [ ] Month 5 Day 17 Year 1969 — 2b. HOUR 12:45 P M

3 SEX: male — 4 RACE: Negro — 5. DATE OF BIRTH: 9-5-38 — 6 AGE (in years last birthday): 30 YRS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN

2c. DATE PRONOUNCED DEAD Month 5 Day 17 Year 1969 — 2d. HOUR 12:45 P M

7a BIRTHPLACE (State or foreign country): Maryland — 7b CITIZEN OF WHAT COUNTRY? U.S.A. — 8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 9. COUNTY OF DEATH: Carroll Md

10 CITY OR TOWN OF DEATH: Sykesville — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State — 12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): Factory worker — 12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md. — 13b COUNTY: Baltimore — 13c CITY OR TOWN: Baltimore — 13d INSIDE CITY LIMITS? YES [X] NO [ ] — 13e. STREET AND NUMBER: 4107 Belview Ave.

14 FATHER'S NAME First: Edward Middle: Coates Last: — 15. MOTHER'S MAIDEN NAME First: Louise Middle: Last: Dorsey

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service) — 16b. SOCIAL SECURITY NO.: 213-36-0924 — 17. INFORMANT: Springfield State Hosp. Records — ADDRESS: Sykesville Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Perforated aneurysm of the basilar artery with massive intercranial hemorrhage. — mins. / hrs.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION — 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20. AUTOPSY? YES [X] NO [ ]

21a EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH — 21b TIME OF INJURY Month, Day Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: W. Glenn Speicher M.D.
EXAMINER'S NAME (Type): W. Glenn Speicher
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]
ADDRESS (Street, Number, City or Town): 135 E. Main Westminster Carroll
22b. DATE SIGNED: 5-17-69

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 5-20-69 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. — 23d LOCATION (City or Town) (County) (State): Balto. Md.

24 FUNERAL DIRECTOR: J. R. Bailey — ADDRESS: Nelson F. H. 1348 Calhoun St. — 25a RECD BY REGISTRAR: MAY 20 1969 — 25b REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06737 — 06736

Item#6, FilmGL12 5/14/69 km

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print): First Hilda; Middle Margaret; Last Eckenrode

2a. DATE OF DEATH: Month MAY; Day 7; Year 69

2b. HOUR: 1.50 P.M.

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: AUG. 26, 1899

6. AGE (In years last birthday) 69 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL Co. Md

10. CITY OR TOWN OF DEATH: WESTMINSTER

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): R.F.D # 3

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSE-WIFE — WAITRESS

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MARYLAND

13b. COUNTY: CARROLL

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER: R.F.D # 3

14. FATHER'S NAME First AUGUST; Middle F.; Last WOLTER

15. MOTHER'S MAIDEN NAME First DAISY; Middle; Last KNELLER

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 214-03-3077A

17. INFORMANT: MR ROGER J. ECKENRODE, Address: SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: acute

DUE TO, OR AS A CONSEQUENCE OF

(b) Atherosclerotic coronary Artery Disease — unknown

DUE TO, OR AS A CONSEQUENCE OF

(c) Diabetes mellitus — 20 years

2504

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Generalized arteriosclerosis, Exogenous Obesity

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 10 —, 1962, to 5/7, 1969, that (I) (we) last saw the deceased alive on 3/24 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Philip W. Mercer, M.D. DEGREE — ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: May 7, 1969

22d. PHYSICIAN'S NAME (Type): PHILIP W. MERCER

22e. ADDRESS: W. MAIN ST. WESTMINSTER MD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5/10/69

23c. NAME OF CEMETERY OR CREMATORY: LORRAINE PARK CEM.

23d. LOCATION (City or Town) (County) (State): BALTIMORE, MD.

24. FUNERAL DIRECTOR: J. S. Myers Jr. ADDRESS: Westminster, Md.

25a. REC'D BY REGISTRAR DATE: MAY 12 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

06738

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06737

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Claude; Middle: H.; Last: Engle

2a. DATE OF DEATH: Month: May; Day: 7; Year: 1969

2b. HOUR: 3:20 P.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 10/18/1889

6. AGE (In years last birthday): 79 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / M.N

7a. BIRTHPLACE (State or foreign country): Washington, D.C.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: New Windsor

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Hortons Nursing Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Farmer

12b. KIND OF BUSINESS OR INDUSTRY: Farm

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Carroll

13c. CITY OR TOWN: Westminster

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: R. D. 2

14. FATHER'S NAME: First: James; Middle: Melvin; Last: Engle

15. MOTHER'S MAIDEN NAME: First: Lavinia; Middle: Hannah; Last: Hauke

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 219-34-6657

17. INFORMANT: Mrs. Nora Engle, Address: Westminster, Md. R.D.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Arteriosclerotic C.V.D. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5/6/69 19____, to 5/7/69 19____, that (I) ~~(we)~~ last saw the deceased alive on 5/7/69 19____, and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death

22b. SIGNATURE: M. E. Robertson MD — DEGREE — ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5/7/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS: New Windsor, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/10/69

23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery

23d. LOCATION (City or Town) (County) (State): Silver Run, Carroll Co., Md.

24. FUNERAL DIRECTOR: Richard A. Little — ADDRESS: Littlestown, Pa.

25a. REC'D BY REGISTRAR: DATE MAY 12 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 30M REV 1/68

FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health, prior to burial, cremation, or removal, and in any event within 72 hours after death.

06739

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06738

1. DECEASED NAME (Type or Print): First JOHN Middle H Last FOLEY

2a. DATE KNOWN OF DEATH ☒ ESTIMATED ☐ Month 5 Day 4 Year 1969

2b. HOUR 7:00 A.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 5-2-1926

6. AGE (in years last birthday): 43 YRS. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

2c. DATE PRONOUNCED DEAD Month 5 Day 4 Year 1969

2d. HOUR 10:30 A.M.

7a. BIRTHPLACE (State or foreign country): S. Carolina

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Carroll Md

10. CITY OR TOWN OF DEATH: Sykesville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 124 Kalarama Road

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Bus Driver

12b. KIND OF BUSINESS OR INDUSTRY: Transit

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Carroll

13c. CITY OR TOWN: Sykesville

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 124 Kalarama Rd.

14. FATHER'S NAME First Bradley Middle - Last Foley

15. MOTHER'S MAIDEN NAME First Orile Middle - Last Suggs

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 1946-47

16b. SOCIAL SECURITY NO: 247 46 1001

17. INFORMANT: Mrs. Anita M. Foley ADDRESS: Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Short Time

T520

DUE TO, OR AS A CONSEQUENCE OF

(b)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

21b. TIME OF INJURY Month Day, Year 5-4 1969 HOUR A.M. P.M.

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Ran gas hose from exhaust into car

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Has Home

21f. LOCATION Street or R.F.D. No. 124 Kalarama Rd. City or Town Sykesville County Carroll State Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W. Glenn Speicher M.D.

EXAMINER'S NAME (Type): W. Glenn Speicher

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street or Box, City or County): 135 E. Main Street Westminster Carroll

22b. DATE SIGNED: 5-4-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-7-69

23c. NAME OF CEMETERY OR CREMATORY: Baltimore Nat. Cemetery

23d. LOCATION (City or Town) Baltimore (County) (State) Md.

24. FUNERAL DIRECTOR: Harry W. Wright ADDRESS: Sykesville, Md.

25a. REC'D BY REGISTRAR DATE MAY 8 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV 1/68

1

06740

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06739

1 DECEASED-NAME (Type or print): First RUBEN; Middle JOSEPH; Last FOSTER

2a. DATE OF DEATH: Month 5; Day 4; Year 69

2b. HOUR: 3:45 P.M.

3 SEX: Male

4 RACE: Caucasian

5 DATE OF BIRTH: 11/18/85

6 AGE (In years lost birthday): 83 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.

7a BIRTHPLACE (State or foreign country): Virginia

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Sykesville

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer

12b. KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland

13b COUNTY: Montg.

13c. CITY OR TOWN: Gaithersburg

13d INSIDE CITY LIMITS? YES ☐ NO ☒

13e STREET AND NUMBER:

14 FATHER'S NAME First: Warner; Middle; Last: Foster

15 MOTHER'S MAIDEN NAME First: Martha; Middle; Last: Beahm

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 220-54-0530-T

17 INFORMANT: Hospital Records; Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Pneumonia, left lower lobe

4 - X

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

~~DUE TO, OR AS A CONSEQUENCE OF~~

(b) Arteriosclerosis, severe.

DUE TO, OR AS A CONSEQUENCE OF

(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) reaction

Chronic Brain Syndrome associated with semile brain disease with psychotic

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a AUTOPSY? YES ☒ NO ☐

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC)

21f LOCATION Street or R.F.D. No City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 06/22/65, 19__, to 5/4/, 19 69, that (I) (we) last saw the deceased alive on 5/4/ 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Baltir Singh, M.D. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒

22c DATE SIGNED: 5/5/69

22d. PHYSICIAN'S NAME (Type): Baltir Singh, M. D.

22e ADDRESS: Springfield State Hosp., Sykes., Md.

23a BURIAL/CREMATION/REMOVAL (Specify): Burial

23b DATE: 5-7-69

23c NAME OF CEMETERY OR CREMATORY: ParkLawn

23d LOCATION (City or Town) (County) (State): Rockville. Montg Md.

24 FUNERAL DIRECTOR: Ernest C. Gantner; ADDRESS: Gaithersburg Md.

25a REC'D BY REGISTRAR DATE: MAY 8 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (3)
45M - 1/69

1
FOR STATE HEALTH DEPT.

06741

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06740

1. DECEASED NAME (Type or Print) First: Isaac Middle: Albert Last: FRADKIN

2a. DATE OF DEATH: KNOWN [X] ESTIMATED [ ] Month 5 Day 30 Year 1969

2b. HOUR 12:55 P M

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: 3-17-1900

6. AGE (In years last birthday): 69 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS: HOURS / MIN.

2c. DATE PRONOUNCED DEAD: Month 5 Day 30 Year 1969

2d. HOUR 12:55 P M

7a. BIRTHPLACE (State or foreign country): RUSSIA

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll County Md

10. CITY OR TOWN OF DEATH: Carroll County

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Melville and Mercie Hill Pole

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): MERCHANT

12b. KIND OF BUSINESS OR INDUSTRY: RETAIL

13a. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission): MD.

13b. COUNTY: Baltimore

13c. CITY OR TOWN: BALTIMORE #21215 Md.

13d. INSIDE CITY LIMITS? YES [X] NO [ ]

13e. STREET AND NUMBER: 3701 GLEN AVENUE

14. FATHER'S NAME First: MAX Middle: Last: FRADKIN

15. MOTHER'S MAIDEN NAME First: ROSE Middle: Last: ?

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO

17. INFORMANT: MRS. ANN FRADKIN, ADDRESS: 3701 GLEN AVENUE #21215

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pulmonary Edema, acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: "minutes"

DUE TO, OR AS A CONSEQUENCE OF

(b) —

DUE TO, OR AS A CONSEQUENCE OF

(c) —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

519.1

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): —

19a. DATE OF OPERATION: —

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? —

20. AUTOPSY? YES [ ] NO [X]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH

21b. TIME OF INJURY Month, Day Year HOUR A.M. — P.M. 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18): —

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): —

21f. LOCATION Street or R.F.D. No — City or Town — County — State

22a. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [ ], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Robert B. Taylor MD, M.D.

EXAMINER'S NAME (Type): Robert B. TAYLOR

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [X]

ADDRESS (Street, city, town or county): 700 Cathedral St. Balt. 1, Md.

22b. DATE SIGNED: 5-30-69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 6-1-69

23c. NAME OF CEMETERY OR CREMATORY: BETH TFILOH

23d. LOCATION (City or Town) (County) (State): BALTIMORE, MARYLAND

24. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

25a. REC'D BY REGISTRAR DATE: JUN 3 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5-67) 10M - 1/69

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

06742

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06741

1 DECEASED-NAME (Type or print): First NELLIE Middle M. Last FUHRMAN

2a. DATE OF DEATH: Month MAY Day 5 Year 1969

2b. HOUR: 10:45 P.M.

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: April 4, 1904

6. AGE (In years last birthday): 65 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Carroll Co. Md.

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: CARROLL Md.

10. CITY OR TOWN OF DEATH: Manchester MD

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Lutz View Nursing Home 128 W Main Street

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife

12b. KIND OF BUSINESS OR INDUSTRY: Home

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Carroll

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: R. D. 2

14. FATHER'S NAME First DAVID Middle HELWIG Last

15. MOTHER'S MAIDEN NAME First EMMA Middle CIRCLE Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 204-01-2206-A

17. INFORMANT: George Fuhrman Address: Westminster MD R.D.2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Hypertensive Cardiovascular Disease — ?

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ~~CONTRIBUTING~~ ~~CAUSE OF~~ DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. ~~P.M.~~ Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED White at work [ ] Not white at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from JAN 2, 1969, to MAY 5, 1969, that (I) (~~we~~) last saw the deceased alive on MAY 5 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Joseph E. Bush MD DEGREE — ATTENDING PHYS [X] MED. DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: MAY 5. 1969

22d. PHYSICIAN'S NAME (Type): Joseph E. Bush MD

22e. ADDRESS: HAMPSTEAD Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/8/69

23c. NAME OF CEMETERY OR CREMATORY: Kriders Cemetery

23d. LOCATION (City or Town) (County) (State): Nr. Westminster, Carroll Co. Md.

24. FUNERAL DIRECTOR: Richard A. Little ADDRESS: Littlestown, Pa.

25a. REC'D BY REGISTRAR DATE MAY 8 1969

25b. REGISTRAR'S SIGNATURE: Phoebe Yingler

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1

FOR STATE HEALTH DEPT.

06743

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06742

1. DECEASED-NAME (Type or Print): First ARTHUR Middle CALVIN Last GILBERT
2a. DATE OF DEATH: KNOWN ☒ ESTIMATED ☐ Month 5 Day 31 Year 1969
2b. HOUR 11:50 A.M.
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: APRIL 8, 1892
6. AGE (In years last birthday): 77 YRS. IF UNDER 1 YEAR: MONTHS / DAYS. IF UNDER 24 HRS.: HOURS / M.N
2c. DATE PRONOUNCED DEAD: Month 5 Day 31 Year 1969
2d. HOUR 12:15 P.M.
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
9. COUNTY OF DEATH: CARROLL CO. Md
10. CITY OR TOWN OF DEATH: WESTMINSTER
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): PLEASANT VALLEY
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): FARMER
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND
13b. COUNTY: CARROLL
13c. CITY OR TOWN: WESTMINSTER
13d. INSIDE CITY LIMITS? YES ☐ NO ☑
13e. STREET AND NUMBER: RD #2
14. FATHER'S NAME: First ISAAC Middle Last GILBERT
15. MOTHER'S MAIDEN NAME: First MARY Middle Last MYERS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes give war or dates of service): W.W.I.
16b. SOCIAL SECURITY NO: 219-12-1944
17. INFORMANT: MRS R. C. SNYDER ADDRESS: 25 TEMPERANCE ST, WESTMINSTER MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Gunshot wound skull (Self Inflicted)
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Stroke Oct 1968

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☐ NO ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY: Month, Day, Year 11:30 A.M. 5/31/69 3 P.M. 19
21c. HOW INJURY OCCURRED (Enter name of injury in Part 1 or Part 2, Item 18): Shot Self in head with Gun
21d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): His Farm
21f. LOCATION (Street or R.F.D. No.): RD 2 Box 189 City or Town: Westminster County: Carroll State: Md

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: Wylene Speicher M.D.
EXAMINER'S NAME (Type)
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city or town, county): Westminster Carroll Md
22b. DATE SIGNED: 5/31/69 5-31-69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/3/69
23c. NAME OF CEMETERY OR CREMATORY: WINTERS CEMETERY
23d. LOCATION (City or Town) (County) (State): NEW WINDSOR, RD. MD.
24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster, Md
25a. REC'D BY REGISTRAR: DATE JUN 3 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV 1/68

1

06744

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06743

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print): First Susan, Middle Katherine, Last GREEN
2a. DATE OF DEATH: Month May, Day 17, Year 1969
2b. HOUR: 10:15 PM
3. SEX: female
4. RACE: white
5. DATE OF BIRTH: 8-10-1903
6. AGE (In years last birthday): 65 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hosp.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
13a. U.S.A. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: New Windsor
13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER: Rt. #2
14. FATHER'S NAME: First Charles, Middle, Last Strine
15. MOTHER'S MAIDEN NAME: First Rosa, Middle, Last Harris
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 217-28-2135
17. INFORMANT: Springfield State Hosp. Records — Address Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

3099

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b) Disease — months

DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Brain Syndrome — years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). Psychotic reaction.

CBS assoc. with disease of unknown or uncertain cause (Pick's Disease), with

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 9-23-68, 19____, to 5-17-69, 19____, that (I) (we) last saw the deceased alive on 5-17-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Gracito V. Patricio, M.D. — DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [X]
22c. DATE SIGNED: 5/17/69
22d. PHYSICIAN'S NAME (Type): Gracito V. Patricio, M.D.
22e. ADDRESS: Springfield State Hospital, Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 21-1969
23c. NAME OF CEMETERY OR CREMATORY: PIPE CREEK
23d. LOCATION (City or Town) (County) (State): NEW WINDSOR RURAL MD

24. FUNERAL DIRECTOR: Charles Strine & Sons
ADDRESS: New Windsor
25a. REC'D BY REGISTRAR: DATE MAY 20 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (Rev. 1/68) 45M - 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06745

CERTIFICATE OF DEATH

06744

1 DECEASED-NAME (Type or print) First: Zachariah Middle: Theodore Last: Hale

2a. DATE OF DEATH Month: 5 Day: 28 Year: 69

2b. HOUR: 5:45 A.M.

3 SEX: Male

4. RACE: White

5 DATE OF BIRTH: 2-1-1881

6 AGE (In years last birthday): 88 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Carroll Md.

10 CITY OR TOWN OF DEATH: Westminster

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. Hospt.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer

12b KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b COUNTY: Balto.

13c CITY OR TOWN: Hampstead

13d INSIDE CITY LIMITS? YES ☐ NO ☒

13e STREET AND NUMBER: Rd. 2

14 FATHER'S NAME First: Zachariah Middle: Hale Last:

15 MOTHER'S MAIDEN NAME First: Rachael Middle: Unknown Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (Unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO. 213-40-2272

17. INFORMANT Address: Preston L. Hale Rd. 2 Hampstead, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11 DAYS

DUE TO, OR AS A CONSEQUENCE OF

(b) CEREBRAL VASCULAR DISEASE (ATHEROSCLEROSIS) — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 4339

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5/17, 1969, to 5/28, 1969, that (I) (we) last saw the deceased alive on 5/28 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b SIGNATURE: Vincent J. Brown Jr. MD — BESIDE ATTENDING PHYS ☒ MED DIRECTOR ☐ STAFF PHYS ☐

22c DATE SIGNED: 5/28/69

22d PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: May 30, 1969

23c. NAME OF CEMETERY OR CREMATORY: Grave Run Cemetery

23d LOCATION (City or Town) (County) (State): Hampstead ######## Md.

24 FUNERAL DIRECTOR: Tipton - Eline Funeral Home Hampstead, Md.

ADDRESS

25a REC'D BY REGISTRAR DATE JUN 3 1969

25b REGISTRAR'S SIGNATURE: Charles Yingy

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1 [illegible]
45M - [illegible]

1

06746

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06745

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: William; Middle: Daniel; Last: Hare

2a. DATE OF DEATH: Month 5; Day 30; Year 69

2b. HOUR: 6:40 P.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 7-4-91

6. AGE (In years last birthday): 77 YRS; IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? United States

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Carroll County, Md

10. CITY OR TOWN OF DEATH: Sykesville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield St. Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer

12b. KIND OF BUSINESS OR INDUSTRY: Unknown

13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE: Maryland

13b. COUNTY: Carroll

13c. CITY OR TOWN: Westminster

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 45 Church Street

14. FATHER'S NAME: First: Abraham; Middle; Last: Hare

15. MOTHER'S MAIDEN NAME: First: Mary; Middle: Lawson; Last: ~~Hare~~

16a. WAS DEASCED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 213-05-1294 ~~Unknown~~

17. INFORMANT: Springfield Records; Address:

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebrovascular accident

DUE TO, OR AS A CONSEQUENCE OF (b): Cerebral arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

4317

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days / years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): CBS associated with circulatory disturbance, with psychotic reaction

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 3-16- 19 53 to 5-30 19 69, that (I) (we) last saw the deceased alive on 5-30- 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Balbir Singh, M.D.

DEGREE: ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 5-30-69

22d. PHYSICIAN'S NAME (Type): Balbir Singh, M.D.

22e. ADDRESS: Springfield State Hospital Sykesville Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/2/69

23c. NAME OF CEMETERY OR CREMATORY: Leister Cemetery

23d. LOCATION (City or Town) (County) (State): Westminster RD#4, Md.

24. FUNERAL DIRECTOR: J. E. Myers Jr., Westminster, Md.

ADDRESS:

25a. FILED BY REGISTRAR: DATE JUN 4 1969

25b. REGISTRAR'S SIGNATURE: Clarence Andre

VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06747

CERTIFICATE OF DEATH

06747

1 DECEASED NAME (Type or print): First NORMAN Middle Oscar Last HEINER

2a. DATE OF DEATH: Month 5 Day 21 Year 69

2b HOUR 809 M

3 SEX: Male

4 RACE: White

5 DATE OF BIRTH: November 10, 1914

6 AGE (In years last birthday): 54 YRS. | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HRS: HOURS, MIN

7a BIRTHPLACE (State or foreign country): Maryland

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll Md

10 CITY OR TOWN OF DEATH: Westminster

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. General Hosp.

12a USUAL OCCUPATION (Kind of work done during most of work ng life, even f retired): Carpenter

12b KIND OF BUSINESS OR INDUSTRY: Building

13a USUAL RESIDENCE (Where deceased ved if institution Residence before admission) STATE: Maryland

13b COUNTY: Carroll

13c. CITY OR TOWN: Linwood

3d INSIDE CITY LIMITS? YES [ ] NO [X]

13e STREET AND NUMBER:

14. FATHER'S NAME First Oscar Middle Last Heiner

15. MOTHER'S MAIDEN NAME First Carrie Middle Last Six

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b SOCIAL SECURITY NO: 220-18-2104

17 INFORMANT: Address: Mrs. Kathleen Heiner, Linwood, Maryland

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestive Heart Failure — 3 months

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 3 years

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While [ ] at work Not while [ ] at work

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5-3, 19 69, to 5-21, 19 69, that (I) (we) last saw the deceased alive on 8:00 5/2/19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Daniel David Bass DEGREE: ATTENDING PHYS [ ] MED DIRECTOR [ ] STAFF PHYS [X]

22c DATE SIGNED: 5-21-69

22d PHYSICIAN'S NAME (Type): DANIEL DAVID BASS

22e. ADDRESS: Carroll County General Hospital

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b DATE: May 24, 1969

23c NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

23d LOCATION (City or Town) (County) (State): Hanover, York Co., Penna.

24 FUNERAL DIRECTOR: C.O. Fuss & Son

ADDRESS: Taneytown, Maryland

25a REC'D BY REGISTRAR DATE: MAY 26 1969

25b REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 J4
45M 1/69

06748

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item#6, FilmGL12 5/14/69 km

CERTIFICATE OF DEATH

06746

1 DECEASED NAME (Type or print): First HOWARD Middle EDWARD Last HARPEL

2a DATE OF DEATH: Month 5 Day 10 Year 69

2b HOUR 6 15 M

3 SEX: MALE

4 RACE: WHITE

5 DATE OF BIRTH: NOV. 1, 1897

6 AGE (In years last birthday) 71 YRS

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9 COUNTY OF DEATH: CARROLL Co Md.

10 CITY OR TOWN OF DEATH: WESTMINSTER

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL Co. GEN. HOSP.

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Railroad worker - WMRR.

12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND

13b COUNTY CARROLL

13c CITY OR TOWN FINKSBURG

13d INSIDE CITY LIMITS? YES ☐ NO ☑

13e STREET AND NUMBER R.F.D. #1 SANDYMOUNT ROAD

14 FATHER'S NAME First PHILIP Middle Last HARPEL

15 MOTHER'S MAIDEN NAME First KATE Middle Last LAUGERMAN

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes give war or dates of service) W.W.I

16b SOCIAL SECURITY NO —

17 INFORMANT: MRS. AGNES L. CONAWAY Address: FINKSBURG RFD #1 MD.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: WEEKS

DUE TO, OR AS A CONSEQUENCE OF

(b) ATHEROSCLEROTIC HEART DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): PULMONARY EMPHYSEMA

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5/9, 1969, to 5/10, 1969, that (I) (we) last saw the deceased alive on 5/10 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Vincent J. Tiocco Jr MD — DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐

22c. DATE SIGNED 5/10/69

22d PHYSICIAN'S NAME (Type) VINCENT J. TIOCCO JR.

22e. ADDRESS ARCHERST. WESTMINSTER, MD

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b DATE 5/14/69

23c NAME OF CEMETERY OR CREMATORY CARROLLTON CHURCH OF GOD

23d LOCATION (City or Town) FINKSBURG (County) RTH (State) MD.

24 FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster, MD.

25a. REC'D BY REGISTRAR DATE MAY 12 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1-69

1

06749

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06748

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First Lorraine; Middle C.; Last Hulburt
2a. DATE OF DEATH: Month 5-23-69; Day; Year
2b. HOUR: 11:30
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Oct. 10 1892
6. AGE (In years last birthday): 76 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Student
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: City
13c. CITY OR TOWN: Baltoimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER:
14. FATHER'S NAME: First Lorraine; Middle; Last S. Hulburt
15. MOTHER'S MAIDEN NAME: First Elizabeth; Middle; Last Dorsey
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16b. SOCIAL SECURITY NO.: None
17. INFORMANT: Springfield St. Hospital Records — Address:

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) Acute pyelonephritis with suppurative nephritis. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO, OR AS A CONSEQUENCE OF

(b) Bronchopneumonia. — days

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

5901

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that I (this hospital) attended the deceased from 5-9-12, 19____, to 5-23-69, 19____, that I (we) last saw the deceased alive on 5-23-69 19____, and that to the best of my (our) opinion death occurred on the date and hour and from the causes stated above. I (we) (did) (did not) view the body after death.

22b. SIGNATURE: Octavio A. Ruizo DEGREE — ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒
22c. DATE SIGNED: 5-23-69
22d. PHYSICIAN'S NAME (Type): Octavio A. Ruiz, M.D.
22e. ADDRESS: Springfield St. Hospital Sykesville, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 27, 1969
23c. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
23d. LOCATION (City or Town) (County) (State): Balto. Md.

24. FUNERAL DIRECTOR: Mitchell-Wiedefeld Home
ADDRESS: 6500 York Rd. Balto., Md. 21212
25a. RECD BY REGISTRAR DATE: MAY 28 1969
25b. REGISTRAR'S SIGNATURE: J. Charles Judge

VR AN 1A 45M

5901

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06750

CERTIFICATE OF DEATH

06749

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print): First MARY Middle AGNES Last HULL

2a. DATE OF DEATH: Month May Day 7 Year 1969

2b. HOUR: 4:45 A.M. / P.M.

3 SEX: FEMALE

4 RACE: WHITE

5 DATE OF BIRTH: MARCH 8, 1894

6. AGE (In years last birthday): 75 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.

7a BIRTHPLACE (State or foreign country): MARYLAND

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL Co. Md

10 CITY OR TOWN OF DEATH: WESTMINSTER

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL CO. GEN. HOSPT.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSE-WIFE

12b KIND OF BUSINESS OR INDUSTRY: —

13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MARYLAND

13b COUNTY: CARROLL

13c CITY OR TOWN: WESTMINSTER

13d INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER: 154 E. GREEN ST.

14 FATHER'S NAME First Middle Last: MICHAEL E. WALSH

15. MOTHER'S MAIDEN NAME First Middle Last: ROSEANNA C. DOYLE

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes give war or dates of service)

16b SOCIAL SECURITY NO.: 220-28-2878

17. INFORMANT: WILLIAM B. HULL Address: 154 E. GREEN ST WESTMINSTER MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b): Coronary Thrombosis — 2 days
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4109

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from May 4, 1969, to May 7, 1969, that (I) (we) last saw the deceased alive on May 7, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death

22b. SIGNATURE: John S. Harshey, MD. DEGREE — ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/7/69

22d. PHYSICIAN'S NAME (Type): JOHN S. HARSHEY MD

22e ADDRESS: Junction St Westminster Md

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 5/9/69

23c NAME OF CEMETERY OR CREMATORY: KRIDERS CEMETERY

23d LOCATION (City or Town) (County) (State): WESTMINSTER, MD

24 FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster, Md

25a. REC'D BY REGISTRAR DATE: MAY 12 1969

25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15 (4)
30M REV 1/68

4 1

06751

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06750

1. DECEASED-NAME (Type or print) First: CLARENCE Middle: ALBERT Last: HYLE

2a. DATE OF DEATH Month: MAY Day: 20 Year: 69

2b. HOUR 6:15 P.M.

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: FEB. 4, 1894

6. AGE (In years last birthday) 75 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL CO. Md

10. CITY OR TOWN OF DEATH: WESTMINSTER

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 67 PENNA. AVE

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARMER

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b. COUNTY: CARROLL

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 67 PENNA AVE.

14. FATHER'S NAME First: HOWARD Middle: MILTON Last: HYLE

15. MOTHER'S MAIDEN NAME First: IDA Middle: MANDILLA Last: BAUMGARDNER

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 219-12-0145

17. INFORMANT: MRS. CLARENCE A. HYLE, Address: SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Coronary Thrombosis (acute) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension arteriosclerosis — 5 years

DUE TO, OR AS A CONSEQUENCE OF (c) Coronary Insufficiency — 1 hour

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5/25/65, 19____, to 5/20, 19 69, that (I) (we) last saw the deceased alive on 5-16-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Wylene Speicher M.D. DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/21/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS: Westminster Md 21157

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5/23/69

23c. NAME OF CEMETERY OR CREMATORY: KRIDERS CEMETERY

23d. LOCATION (City or Town) (County) (State): WESTMINSTER RD MD

24. FUNERAL DIRECTOR: J. E. Myers Jr. ADDRESS: Westminster, Md

25a. REC'D BY REGISTRAR DATE: MAY 23 1969

25b. REGISTRAR'S SIGNATURE: Charles Yingger

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

1

06752

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06751

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1. DECEASED NAME (Type or print): First: James; Middle: (NMN); Last: Kelly
2a. DATE OF DEATH: Month: May; Day: 26; Year: 1969
2b. HOUR: 7:25 P.M.
3. SEX: Male
4. RACE: Negro
5. DATE OF BIRTH: 10-17-33
6. AGE (In years last birthday): 35 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): South Carolina
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARITAL STATUS: Sep. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Gas Station Attendant
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore City
13c. CITY OR TOWN: Baltimore
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 2610 Francis Street
14. FATHER'S NAME: First: Tom; Middle: ; Last: Kelly
15. MOTHER'S MAIDEN NAME: First: Frances; Middle: ; Last: White
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Records, Springfield State Hospital; Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Bilateral bronchopneumonia, aspiration type.
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
Chronic alcoholism.

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☒ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 5-21-69, 19____, to 5-26-69 19____, that (I) (we) last saw the deceased alive on 5-26-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Luis F. Casal
DEGREE: ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 5/26/69
22d. PHYSICIAN'S NAME (Type): Luis F. Casal, M.D.
22e. ADDRESS: Springfield State Hospital Sykesville, Md. 21784

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-29-69
23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
23d. LOCATION (City or Town) (County) (State): Baltimore Maryland
24. FUNERAL DIRECTOR: MORTON & DYETT F.H.; ADDRESS: 1701 Laurens St.
25a. REC'D BY REGISTRAR DATE: MAY 29 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15 14
45M - 11-66

06753

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06752

1. DECEASED-NAME (Type or print) First: Lula	Middle: Lee	Last: Kennedy	2a. DATE OF DEATH Month 5 Day 19 Year 69
2b. HOUR 6:45 am	3. SEX: female	4. RACE: white	5. DATE OF BIRTH 4/28/1893
6. AGE (In years last birthday) 76 YRS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9. COUNTY OF DEATH Carroll Md.
10. CITY OR TOWN OF DEATH Rural--Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) housewife	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.	13b. COUNTY —	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER 1933 E. Belvedere Ave.			
14. FATHER'S NAME First ?	Middle ?	Last Johnson	15. MOTHER'S MAIDEN NAME First Lucinda	Middle ?	Last ?
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO 215-09-0898	17. INFORMANT Address: Springfield Hospital records, Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF

(b) Congestive heart failure — days

DUE TO, OR AS A CONSEQUENCE OF

(c) Diabetes mellitus — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic brain syndrome with cerebral arteriosclerosis with psychotic reaction.

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (X) (this hospital) attended the deceased from 3/29/, 19 63, to 5/19/, 19 69, that (X) (we) last saw the deceased alive on 5/19/69, and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (X) (we) (did) (did not) view the body after death.

22b. SIGNATURE Naci N. Buyukunsal M.D.	ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒	22c. DATE SIGNED 5/19/69	
22d. PHYSICIAN'S NAME (Type) Naci N. Buyukunsal, M. D.	22e. ADDRESS Springfield State Hospital Sykesville, Maryland		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/22/69	23c. NAME OF CEMETERY OR CREMATORY Parkwood	23d. LOCATION (City or Town) (County) (State) Baltimore, Maryland
24. FUNERAL DIRECTOR Leonard J Ruck Inc	ADDRESS Baltimore Maryland	25a. REC'D BY REGISTRAR DATE MAY 20 1969	25b. REGISTRAR'S SIGNATURE J Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

06754

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06753

1 DECEASED-NAME (Type or print) First: William Middle: B Last: Kidd

2a. DATE OF DEATH Month: May Day: 13 Year: 1969

2b. HOUR: 2:30 PM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: March 3, 1895

6. AGE (In years last birthday): 74 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Sykesville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Marriottsville Rd.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Supervisor

12b. KIND OF BUSINESS OR INDUSTRY: State

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: Carrroll

13c. CITY OR TOWN: Sykesville

13d. INSIDE CITY L.M.I.S.? YES [ ] NO [X]

13e. STREET AND NUMBER: Marriottsville Rd.

14. FATHER'S NAME First: Harry Middle: — Last: Kidd

15. MOTHER'S MAIDEN NAME First: Sarah Middle: — Last: Smith

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): WWI

16b. SOCIAL SECURITY NO.: 219 36 2159

17. INFORMANT: Mrs. William B. Kidd Address: Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Carcinoma of Lung - cerebral metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1959

DUE TO, OR AS A CONSEQUENCE OF (b) — 1969

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from _____, 1959, to May, 1969, that (I) (we) last saw the deceased alive on May 13, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Howard E. Hall M.D. DEGREE: ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5/13/69

22d. PHYSICIAN'S NAME (Type): Howard E. Hall, M. D.

22e. ADDRESS: College Ave. Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-16-69

23c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery

23d. LOCATION (City or Town) (County) (State): Sykesville Md.

24. FUNERAL DIRECTOR: Harry W. Haight ADDRESS: Sykesville, Md.

25a. REC'D BY REGISTRAR DATE: MAY 20 1969

25b. REGISTRAR'S SIGNATURE: Charles Gregg

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

06755

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06754

CERTIFICATE OF DEATH

1 DECEASED-NAME (Type or print) First: Jacob Middle: H. Last: Krumrine

2a DATE OF DEATH Month: 5 Day: 27 Year: 69

2b HOUR: 8 45 AM

3. SEX: Male

4 RACE: White

5 DATE OF BIRTH: Sept 27, 1877

6. AGE (In years last birthday): 91 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Md Carroll Co.

7b. CITIZEN OF WHAT COUNTRY? USA

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9 COUNTY OF DEATH: Carroll. Md.

10. CITY OR TOWN OF DEATH: Manchester, Md

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 128 N. Main ST Longview Nursing Home

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer

12b KIND OF BUSINESS OR INDUSTRY: Farm

13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.

13b. COUNTY: Carroll.

13c CITY OR TOWN: Westminster

13d INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER: RFD #2

14. FATHER'S NAME First: Jacob Middle: Last: Krumrine.

15. MOTHER'S MAIDEN NAME First: Rebecca Middle: Last: Shaffer (Shoffer)

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 219-56-5074

17 INFORMANT: Chester Krumrine (son) Address: RFD #2 Westminster Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Vascular Hemorrhage

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerosis Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF (c):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 Days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ ~~A OR CONTRIBUTING~~, ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from May 19, 1969, to May 27, 1969, that (I) (~~we~~) last saw the deceased alive on May 26 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death

22b SIGNATURE: Joseph E. Bush MD DEGREE ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/27/69

22d. PHYSICIAN'S NAME (Type): Joseph E Bush MD

22e. ADDRESS: Hampstead Maryland

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/31/69

23c. NAME OF CEMETERY OR CREMATORY: St. Bartholomew Cemetery

23d. LOCATION (City or Town) (County) (State): Hanover, Pa. R.D.1, York Co. Pa.

24. FUNERAL DIRECTOR: Richard A. Little

ADDRESS: Littlestown, Pa.

25a. REC'D BY REGISTRAR DATE: JUN 2 1969

25b REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please replace carbon papers (page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06756 06755

1 DECEASED-NAME (Type or print): First JULIA Middle M. Last LEAHY

2a. DATE OF DEATH: Month 5 Day 22 Year 69

2b HOUR 3:40 PM

3 SEX: F.

4. RACE: W.

5. DATE OF BIRTH: Aug. 22, 1891

6 AGE (In years last birthday): 77 YRS

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS: HOURS MIN

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL CO. Md.

10 CITY OR TOWN OF DEATH: WESTMINSTER

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL Co. GEN. HOSP.

12a USUAL OCCUPATION (Kind of work done during most of working life even if retired): COMPANION AND HOUSEKEEPER

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b COUNTY: CARROLL

13c CITY OR TOWN: WESTMINSTER

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET AND NUMBER: 19 JOHN ST.

14 FATHER'S NAME First MARTIN Middle J. Last LEAHY

15 MOTHER'S MAIDEN NAME First MARY Middle MC Last INERNY

16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 216-03-9181

17 INFORMANT: MRS J. G. LEAHY Address: 162 WILLIS ST. WESTMINSTER, MD.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR INSUFFICIENCY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 WKS

DUE TO, OR AS A CONSEQUENCE OF

(b) CEREBRAL ARTERIOSCLEROSIS — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MALABSORPTION SYNDROME

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 4/22, 1969, to 5/22, 1969, that (I) (we) last saw the deceased alive on 5/22 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Vincent J. Fiocco M.D. DEGREE ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/22/69

22d PHYSICIAN'S NAME (Type): VINCENT J. FIOCCO, JR

22e ADDRESS: ANCHOR ST. WESTMINSTER, MD

23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b DATE: 5/26/69

23c NAME OF CEMETERY OR CREMATORY: ST. JOHNS CATH. CEM.

23d LOCATION (City or Town) (County) (State): WESTMINSTER, MD.

24 FUNERAL DIRECTOR: J. S. Myers, Jr. ADDRESS: Westminster, Md.

25a REC'D BY REGISTRAR DATE MAY 26 1969

25b REGISTRAR'S SIGNATURE: Charles Judge

VR A15 45M 1/69

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 4
45M 1/69

3949

06757

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06756

1 DECEASED-NAME (Type or print) First: EARL	Middle: LEROY	Last: LINDSAY	2a. DATE OF DEATH Month MAY Day 17 Year 1969
2b HOUR 9:45 P.M.	3 SEX: Male	4 RACE: White	5 DATE OF BIRTH: 1-26-1898
6. AGE (in years lost birthday) 71 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS: HOURS / MIN.	7a BIRTHPLACE (State or foreign country): Maryland
7b CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.	10 CITY OR TOWN OF DEATH: Sykesville
11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Paper Hanger	12b KIND OF BUSINESS OR INDUSTRY	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Baltimore City	13c CITY OR TOWN: Baltimore	13d INSIDE CITY LIMITS? YES ☒ NO ☐	13e STREET AND NUMBER: 624 Berry Street
14 FATHER'S NAME First: George	Middle: A.	Last: Lindsay	15 MOTHER'S MAIDEN NAME First: Annie Middle: Lost: Rogers
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes give war or dates of service): 1942-1945	16b. SOCIAL SECURITY NO: 570-32-3933	17 INFORMANT: Records, Springfield State Hospital	Address

MEDICAL CERTIFICATION

18 **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Acute pulmonary artery embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Recent & minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Chronic mitral valve heart disease — Years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Alcoholism (addiction).

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☒ NO ☐	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME FARM STREET FACTORY OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from 2-24-66, 19____, to 5-17-69, 19____, that (I) (we) last saw the deceased alive on 5-17-69, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Octavio A. Ruiz M.D. DEGREE: ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒ — 22c DATE SIGNED: 5-19-69

22d PHYSICIAN'S NAME (Type): Octavio A. Ruiz, M. D. — 22e ADDRESS: Springfield State Hospital Sykesville, Maryland 21784

23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b DATE: 21 May 69	23c NAME OF CEMETERY OR CREMATORY: St Mary's Cem	23d LOCATION (City or Town) (County) (State): Roland Ave Balto Md
24 FUNERAL DIRECTOR: Burger Funeral Home	ADDRESS: Balto Md	25a REC'D BY REGISTRAR DATE: MAY 21 1969	25b REGISTRAR'S SIGNATURE: Charles Judge

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06758

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06757

1. DECEASED NAME (Type or print) First: George Middle: Albert Last: LIPPY	2a. DATE OF DEATH Month: May Day: 25, Year: 1969	2b. HOUR 6:15 a. M	
3. SEX: male	4. RACE: white	5. DATE OF BIRTH: 9-5-89	6. AGE (In years last birthday): 79 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN.
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	9 COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired	12b KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland	13b COUNTY: Carroll	13c CITY OR TOWN: Westminster	13d. INSIDE CITY LIMITS? YES ☐ NO ☒ 13e STREET AND NUMBER: Box 70
14. FATHER'S NAME First: Richard Lippy	Middle / Last	15. MOTHER'S MAIDEN NAME First: Elizabeth Miller	Middle / Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 220-09-6275	17 INFORMANT: Springfield State Hosp., Sykesville, Md.	Address

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Days

DUE TO, OR AS A CONSEQUENCE OF (b) Cerebrovascular Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)	21f LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. I certify that (I) (this hospital) attended the deceased from 5-16-69, 19____, to 5-25-69, 19____, that (I) (we) last saw the deceased alive on 5-25-69 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b SIGNATURE: Gracito V. Patricio DEGREE	ATTENDING PHYS ☐ MED DIRECTOR ☐ STAFF PHYS ☒	22c. DATE SIGNED: 5/25/69	
22d PHYSICIAN'S NAME (Type): Gracito V. Patricio, M.D.	22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784		
23a BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/28/69	23c NAME OF CEMETERY OR CREMATORY: Methodist Cemetery	23d LOCATION (City or Town) (County) (State): Union Mills, Carroll Co. Md.
24 FUNERAL DIRECTOR: Richard A. Little	ADDRESS: 34 Maple Ave. Littlestown, Pa.	25a RECEIVED BY REGISTRAR DATE: MAY 27 1969	25b REGISTRAR'S SIGNATURE: Jeanne Judge

Richard A. Little, 34 Maple Ave., Littlestown, Pa.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 REV 45M 1-66

0119

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06759

CERTIFICATE OF DEATH

06758

1. DECEASED-NAME (Type or print) First: ANGELINE Middle: VIRGINIA Last: MAG-IN

2a. DATE OF DEATH Month: 5 Day: 25 Year: 69

2b. HOUR: 12:45 A.M.

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: AUG. 14, 1900

6. AGE (In years last birthday): 68 YRS. IF UNDER 1 YEAR: MONTHS / DAYS IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL Co. Md.

10. CITY OR TOWN OF DEATH: WESTMINSTER

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL Co. GEN. HOSPT.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEWIFE

12b. KIND OF BUSINESS OR INDUSTRY: —

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b. COUNTY: CARROLL

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER: R.F.D. # 6

14. FATHER'S NAME First: LEWIS Middle: A. Last: STULTZ

15. MOTHER'S MAIDEN NAME First: UNK — Middle: Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): —

16b. SOCIAL SECURITY NO: 215-50-7556

17. INFORMANT: T NORMAN R. MAGIN Address: SAME ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SEPTICEMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

DUE TO, OR AS A CONSEQUENCE OF

(b) URINARY TRACT INFECTION — WEEKS

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): DIABETES MELLITUS

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/22, 1969, to 5/25, 1969, that (I) (we) last saw the deceased alive on 5/25 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Fiocco Jr. MD DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/28/69

22d. PHYSICIAN'S NAME (Type): VINCENT J. FIOCCO, JR. MD.

22e. ADDRESS: ANCHOR ST. WESTMINSTER MD.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5/28/69

23c. NAME OF CEMETERY OR CREMATORY: DEER PARK METH. CEM.

23d. LOCATION (City or Town) (County) (State): SMALLWOOD CARROLL Co. MD.

24. FUNERAL DIRECTOR: J. E. Smyser Jr. ADDRESS: Westminster, Md.

25a. REC'D BY REGISTRAR DATE: MAY 29 1969

25b. REGISTRAR'S SIGNATURE: Charles [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AT5 (4)
30M REV 1-68

1

06760

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06759

1. DECEASED NAME (Type or print) First: George Middle: W. Last: MAGIN Magin.	2a. DATE OF DEATH Month: May Day: 23 Year: 1969	2b. HOUR 2 P.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 4-1-'79	6. AGE (In years last birthday): 90 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Salem Carroll Co. Md.	7b. CITIZEN OF WHAT COUNTRY? USA.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Manchester, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 128 N. Main ST. Longview Nursing Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer - Retired	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived if institution, residence before admission) STATE: Md.	13b. COUNTY: Carroll	13c. CITY OR TOWN: Westminster	13d. INSIDE CITY LIMITS? YES ☐ NO ☑ — 13e. STREET AND NUMBER: RFD # 6
14. FATHER'S NAME First: George Middle: Henry Last: MAGIN Magin	15. MOTHER'S MAIDEN NAME First: Rose Middle: Last: Dingle		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 212-50-0914	17. INFORMANT: Walter Magin Son. Address: RFD #6 Westminster, Md	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

4123

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF (c) Pulmonary Emphysema Severe — 5 yrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Cerebral Thrombosis - Diabetes Mellitus

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 2/20, 1969, to 5/23, 1969, that (I) (we) last saw the deceased alive on 5/23, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W H Foard	DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS ☐	22c. DATE SIGNED: 5/23/69	
22d. PHYSICIAN'S NAME (Type): W H Foard M.D.	22e. ADDRESS: Manchester, Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-26-1969	23c. NAME OF CEMETERY ~~OR CREMATORY~~: Taylorsville	23d. LOCATION (City or Town) (County) (State): Taylorsville, Carroll, Md.
24. FUNERAL DIRECTOR: C. M. Waltz, Box 341, Sykesville, Md.	ADDRESS	25a. REC'D BY REGISTRAR DATE: MAY 27 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 3 14
30M REV 1-68

4123

Item5 FilmG414 7/15/69 kk

06761

Item6 FilmG413 6/9/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06760

1. DECEASED NAME (Type or print): First Harry Middle Bittle Last Main

2a. DATE OF DEATH: Month May Day 30 Year 1969

2b. HOUR: 1-30 PM

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: 6-13-1905

6. AGE (In years last birthday): 63 YRS.

If UNDER 1 YEAR: MONTHS / DAYS. If UNDER 24 HRS.: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY?: USA

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. COUNTY OF DEATH: Carroll Md

10. CITY OR TOWN OF DEATH: Sykesville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Laborer

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: Maryland

13b. COUNTY: Charlotte

13c. CITY OR TOWN: Hagerstown

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: 37 E. Baltimore St.

14. FATHER'S NAME: First Harry Middle Clay Last Main

15. MOTHER'S MAIDEN NAME: First Mary Middle Heina Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 272-09-6947

17. INFORMANT: Hospital records. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Carcinoma of lung with metatesis, neck, adrenals, ribs — months

DUE TO, OR AS A CONSEQUENCE OF

(b) Gangrenous abscess of lungs — days

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 1-4-67, 1967, to 5-30, 1969, that (I) (we) last saw the deceased alive on 5-30-1969; and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Suha Ozgun. DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 5-30-69

22d. PHYSICIAN'S NAME (Type): SUHA OZGUN

22e. ADDRESS: Springfield State Hospital, Sykesville Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JUNE 2-1969

23c. NAME OF CEMETERY OR CREMATORY: REST HAVEN CEMETERY

23d. LOCATION (City or Town): HAGERSTOWN (County): WA (State): MD

24. FUNERAL DIRECTOR: Frank L. Meinrich ADDRESS: Hagerstown Md

25a. REC'D BY REGISTRAR DATE: JUN 4 1969

25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M - 1/69

1

06762

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06761

1. DECEASED NAME (Type or print): First MARVIN Middle L Last MAPLE

2a. DATE OF DEATH: Month May Day 1st Year 1969

2b. HOUR: 12:45A M

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: July 3, 1913

6. AGE (In years last birthday): 55 YRS

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min

7a. BIRTHPLACE (State or foreign country): Oklahoma

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll County Md

10. CITY OR TOWN OF DEATH: Westminster

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll County Gen. Hosp.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Inspector

12b. KIND OF BUSINESS OR INDUSTRY: Petroleum C

13a. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE: Maryland

13b. COUNTY: Carroll

13c. CITY OR TOWN: Westminster

13d. INSIDE CITY LIMITS? YES [ ] NO [X]

13e. STREET AND NUMBER: RD 6 Box 39-B

14. FATHER'S NAME First Claude Middle Lost Maple

15. MOTHER'S MAIDEN NAME First Myrtle Middle Lost Gage

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) World War II

16b. SOCIAL SECURITY NO. 442 07 3412

17. INFORMANT: Jetta S. Maple Address RD 6 Westminster, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Duodenal ulcer with obstruction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

5521

DUE TO, OR AS A CONSEQUENCE OF (b) Cicatricial obstruction of 3rd portion of duodenum

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Gastroduodenectomy

19a. DATE OF OPERATION: 5/1/69

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: Duodenal ulcer

20a. AUTOPSY? YES [ ] NO [X]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d. INJURY OCCURRED While [ ] at work Not while [ ] at work

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (~~this hospital~~) attended the deceased from 4/2, 1969, to 5/1, 1969, that (I) (~~we~~) last saw the deceased alive on 5/1/69, 1969, and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: Richard Y. Dalrymple M.D. DEGREE

ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5/1/69

22d. PHYSICIAN'S NAME (Type): RICHARD Y. DALRYMPLE

22e. ADDRESS: 189 E. Main St Westminster Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 7, 1969

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City or Town) (County) (State): Bartlesville, Oklahoma

24. FUNERAL DIRECTOR: Thomas D. Fletcher ADDRESS: Thomas D. Fletcher 254 E. Main St Westminster Md.

25a. RECD BY REGISTRAR DATE MAY 8 1969

25b. REGISTRAR'S SIGNATURE: Velma L. Gadge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 45M 1/69

1

06763

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06762

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First EDNA; Middle E.; Last MARING
2a. DATE OF DEATH: Month MAY; Day 7; Year 1969
2b. HOUR: 8 P M
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: August 12, 1886
6. AGE (In years last birthday): 82 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Westminster
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. Gen. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: Westminster
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 59 W. Main Street
14. FATHER'S NAME: First Henry; Last Welsh
15. MOTHER'S MAIDEN NAME: First Olivia; Middle; Last Penn
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 218-54-2691
17. INFORMANT: Mrs. Gladys Arbaugh — Address: Same As #13

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart
DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia
DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Congestive heart failure

19a. DATE OF OPERATION:
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from April 29, 1969, to May 7, 1969, that (I) (we) last saw the deceased alive on May 7 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (~~we~~) (did) (~~did not~~) view the body after death.

22b. SIGNATURE: John S. Harshey MD — DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: 5/7/69
22d. PHYSICIAN'S NAME (Type): JOHN S. HARSHEY MD
22e. ADDRESS: 8 Anderson St. Westminster Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/10/1969
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City or Town) (County) (State): Carroll, Md.
24. FUNERAL DIRECTOR: C.M. Waltz, ADDRESS: Box 241, Sykesville, Md.
25a. REC'D BY REGISTRAR DATE: MAY 12 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15-1
30M REV. 7-68

06764

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06763

1. DECEASED NAME (Type or print): First MARGARET Middle JANE Last MASTER

2a. DATE OF DEATH: Month 5 Day 19 Year 69

2b. HOUR: 5:50 P M

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: MARCH 25, 1879

6. AGE (In years last birthday): 90 YRS — IF UNDER 24 HRS. YEAR / MONTHS / DAYS / HOURS / MIN

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY?: U.S.A.

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL Co. Md

10. CITY OR TOWN OF DEATH: WESTMINSTER

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL Co. GEN. HOSPT.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSE-WIFE

12b. KIND OF BUSINESS OR INDUSTRY: U

13a. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE: MARYLAND

13b. COUNTY: CARROLL

13c. CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☐ NO ☑

13e. STREET AND NUMBER: R.F.D #7 FRIZZELLBURG

14. FATHER'S NAME First THOMAS Middle ARTHUR Last FLEAGLE

15. MOTHER'S MAIDEN NAME First MARGARET Middle ? Last

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 213-50-1959

17. INFORMANT: Clarence A. Master, Address 188 FAIRVIEW AVE. WESTMINSTER, MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR INSUFFICIENCY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS

4124

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

(b) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CONGESTIVE HEART FAILURE

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/14, 1969, to 5/18, 1969, that (I) (we) last saw the deceased alive on 5/14 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death

22b. SIGNATURE: Vincent J. Green J MD — DEGREE: ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c. DATE SIGNED: 5/19/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 22. 69

23c. NAME OF CEMETERY OR CREMATORY: Baust Church Cemetery

23d. LOCATION (City or Town) (County) (State): Westminster R.F.D. #7 Md

24. FUNERAL DIRECTOR: J.S. Myers Jr.

ADDRESS: Westminster, Md

25a. REC'D BY REGISTRAR: MAY 23 1969

25b. REGISTRAR'S SIGNATURE: Charles [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15-(4) 45M 69

4124

06765

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06764

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print) First: ALICE Middle: ESTELLE Last: MATHER

2a. DATE OF DEATH Month: MAY Day: 1 Year: 1969

2b HOUR: 9:45 A.M.

3. SEX: FEMALE

4. RACE: WHITE

5. DATE OF BIRTH: DEC. 31, 1889

6. AGE (In years last birthday): 79 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): MARYLAND

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9. COUNTY OF DEATH: CARROLL Co. Md.

10 CITY OR TOWN OF DEATH: WESTMINSTER

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL CO. GEN. HOSPT.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSE-WIFE

12b. KIND OF BUSINESS OR INDUSTRY: —

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND

13b. COUNTY: CARROLL

13c CITY OR TOWN: WESTMINSTER

13d. INSIDE CITY LIMITS? YES ☑ NO ☐

13e. STREET AND NUMBER: 138 WILLIS ST.

14. FATHER'S NAME First: FREDERICK Middle: D. Last: MILLER

15 MOTHER'S MAIDEN NAME First: ALICE Middle: Last: FULTON

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service)

16b. SOCIAL SECURITY NO: 216-14-6854D

17 INFORMANT: MRS. HARRY G. EMIGH, Address: WILLIS ST., WESTMINSTER MD.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 4109

DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Thrombosis

DUE TO, OR AS A CONSEQUENCE OF (c) —

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☑

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from April 30, 1969, to May 1, 1969, that (I) (we) last saw the deceased alive on May 1, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b. SIGNATURE: John S. Harshey, MD DEGREE

ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/1/69

22d. PHYSICIAN'S NAME (Type): JOHN S. HARSHEY, M.D.

22e ADDRESS: 9 Anchor St. Westminster Md 21157

23a BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 3, 1969

23c NAME OF CEMETERY OR CREMATORY: Westminster Cemetery

23d. LOCATION (City or Town) (County) (State): Westminster Md.

24 FUNERAL DIRECTOR: E. E. Myers Jr.

ADDRESS: Westminster, Md.

25a RECD BY REGISTRAR DATE: MAY 5 1969

25b REGISTRAR'S SIGNATURE: J. Charles Judge

VR A15-41
30M REV 1-68

06766

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06765

CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print): First Mary; Middle Ann; Last Mitchell

2a DATE OF DEATH: Month MAY; Day 12; Year 69

2b HOUR: 11:20 P

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 9-14-76

6. AGE (In years last birthday): 92 YRS. (If under 1 year: Months / Days; If under 24 hrs: Hours / Min)

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? U.S.A.

8. MARITAL STATUS: Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

9. COUNTY OF DEATH: Carroll Md

10. CITY OR TOWN OF DEATH: Sykesville

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Wicomico

13c. CITY OR TOWN: Pittsville

13d. INSIDE CITY LIMITS? YES ☐ NO ☒

13e. STREET AND NUMBER: Route #1

14. FATHER'S NAME: First Thomas; Middle; Last Townsend

15. MOTHER'S MAIDEN NAME: First Mary; Middle A.; Last Twigg

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 216-14-2653

17. INFORMANT: Mrs. Laura A. Wilkins (Daughter) Address: Pittsville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Pulmonary Tuberculosis, inactive — Approximate interval between onset and death: months

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Chronic Brain Syndrome associated with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: Hour A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 10-09-68, 19____, to 5-12-69, 19____, that (I) (we) last saw the deceased alive on 5-12-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Glocrito G. Sagisi — DEGREE: Attending Phys. ☐ Med Director ☐ Staff Phys. ☒

22c. DATE SIGNED: 5-12-69

22d. PHYSICIAN'S NAME (Type): Glocrito G. Sagisi, M.D.

22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 16, 1969

23c. NAME OF CEMETERY OR CREMATORY: Wango Cemetery

23d. LOCATION (City or Town) (County) (State): Wicomico, Maryland

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY, SALISBURY, MARYLAND

ADDRESS:

25a. REC'D BY REGISTRAR DATE: MAY 19 1969

25b. REGISTRAR'S SIGNATURE: Charles [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (3-68) 45M

1

06767

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06766

1 DECEASED-NAME (Type or print) First: JESSE Middle: ERNEST Last: MOXLEY

2a DATE OF DEATH Month: May Day: 16 Year: 1969

2b HOUR: 3 30 P M

3. SEX: MALE

4. RACE: WHITE

5. DATE OF BIRTH: 12-3-1907

6. AGE (In years last birthday): 61 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.

7a BIRTHPLACE (State or foreign country): MARYLAND

7b. CITIZEN OF WHAT COUNTRY? U. S.

8 MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: CARROLL Md

10 CITY OR TOWN OF DEATH: NEW WINDSOR

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): RURAL

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): MANUFACTURING

12b KIND OF BUSINESS OR INDUSTRY: SHOE

13a USUAL RESIDENCE (Where deceased lived—if institution: Residence before admission) STATE: MARYLAND

13b COUNTY: CARROLL

13c. CITY OR TOWN: NEW WINDSOR

13d INSIDE CITY LIMITS? YES [ ] NO [X]

13e STREET AND NUMBER: RURAL

14 FATHER'S NAME First: ERNEST Middle: W. Last: MOXLEY

15 MOTHER'S MAIDEN NAME First: MARY Middle: CLAY Last:

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): No (If yes give war or dates of service): No

16b SOCIAL SECURITY NO: 216-36-1790

17 INFORMANT: GRACE C. MOXLEY Address: RURAL NEW WINDSOR MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work [ ] Not while at work [ ]

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)

21f LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from April, 19 59, to 5/16, 19 69, that (I) (we) last saw the deceased alive on 5/15/69 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M.E. Robertson MD DEGREE — ATTENDING PHYS. [X] MED DIRECTOR [ ] STAFF PHYS. [ ]

22c. DATE SIGNED: 5/16/69

22d. PHYSICIAN'S NAME (Type): M.E. ROBERTSON

22e. ADDRESS: New Windsor Md

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-19-69

23c. NAME OF CEMETERY OR CREMATORY: LINGANORE CEM.

23d. LOCATION (City or Town) (County) (State): UNIONVILLE MD.

24. FUNERAL DIRECTOR: D. Stuchbert Sons

ADDRESS: NEW WINDSOR MD

25a. REC'D BY REGISTRAR DATE: MAY 20 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1-68

1

06768

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06767

1 DECEASED-NAME (Type or print): First MARY Middle ELIZABETH Last Petry

2a. DATE OF DEATH: Month May Day 6 Year 1969

2b. HOUR 1045 M

3 SEX: Female

4 RACE: White

5. DATE OF BIRTH: Dec 2-1884

6 AGE (In years last birthday) 84 YRS.

IF UNDER 1 YEAR: MONTHS DAYS

IF UNDER 24 HRS.: HOURS MIN

7a BIRTHPLACE (State or foreign country): Carroll Co

7b CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

9 COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Manchester

11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Long View Nursing Home

12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSEKEEPING AT HOME

12b KIND OF BUSINESS OR INDUSTRY:

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland

13b. COUNTY: Carroll

13c CITY OR TOWN: Westminster

13d INSIDE CITY LIMITS? YES ☑ NO ☐

13e STREET AND NUMBER: 330 Margaret Ave.

14 FATHER'S NAME First John Middle Last Moore

15. MOTHER'S MAIDEN NAME First Amelia Middle Last Gosnell

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes give war or dates of service) No

16b SOCIAL SECURITY NO 218-54-3344

17. INFORMANT: Charles Petry Address: 330 Margaret Ave Westminster Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1 DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO, OR AS A CONSEQUENCE OF

(b) Generalized Arteriosclerosis — 5 yrs

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☑

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d INJURY OCCURRED While at work ☐ Not while at work ☐

21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 2/17, 1968, to May 6, 1969, that (I) (we) last saw the deceased alive on 5/6/ 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: W H Foard M.D DEGREE ATTENDING PHYS ☑ MED DIRECTOR ☐ STAFF PHYS. ☐

22c DATE SIGNED: 5/6/69

22d PHYSICIAN'S NAME (Type): W. H Foard. M.D

22e. ADDRESS: Manchester, Md 21102

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/9/1969

23c NAME OF CEMETERY OR CREMATORY: Winters Cem.

23d LOCATION (City or Town) (County) (State): Carroll County Md

24 FUNERAL DIRECTOR: O.D. Hartzler & Sons

ADDRESS: New Windsor Md

25a REC'D BY REGISTRAR DATE MAY 9 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1966

Item 13eFilm 413 6-13-69a

1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06769

CERTIFICATE OF DEATH

06768

1. DECEASED NAME (Type or print) First: William; Middle: ; Last: RAU	2a. DATE OF DEATH Month: May; Day: 27; Year: 69	2b. HOUR 2:25 PM	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 1381 (?)	6. AGE (In years last birthday): 88 YRS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): SPRING FIELD STATE HOSPITAL	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): None	12b. KIND OF BUSINESS OR INDUSTRY: None
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: Maryland	13b. COUNTY: —	13c. CITY OR TOWN: Baltimore City	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
			13e. STREET AND NUMBER: N/A 2317 McElderry St.
14. FATHER'S NAME First: Conrad; Middle: ; Last: Rau		15. MOTHER'S MAIDEN NAME First: Elizabeth; Middle: ; Last: ?	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 220-54-7134	17. INFORMANT: Hospital records	Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days
403X
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (b) Nephro-sclerosis — years
DUE TO, OR AS A CONSEQUENCE OF (c) general arteriosclerosis — years

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Schizophrenic reaction, catatonic type

19a. DATE OF OPERATION: ---	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: --	20a. AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) --	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) --	21f. LOCATION Street or R.F.D. No. City or Town County State --	

22a. I certify that (I) (this hospital) attended the deceased from 12-31, 1929, to 5-2-, 1969, that (I) (we) last saw the deceased alive on May 27, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Suha Ozgun	DEGREE: ATTENDING PHYS ☐ MED. DIRECTOR ☐ STAFF PHYS ☒		22c. DATE SIGNED: May 27, 1969
22d. PHYSICIAN'S NAME (Type): Suha Ozgun M.D.	22e. ADDRESS: Springfield State Hospital, Sykesville, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5-31-69	23c. NAME OF CEMETERY OR CREMATORY: Freedom Cemetery	23d. LOCATION (City or Town): Sykesville (County): (State): Md
24. FUNERAL DIRECTOR: Wright F. H. Moore	ADDRESS: Sykesville Md	25a. RECD BY REGISTRAR DATE: JUN 3 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
45M - 1/69

14

06770

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06769

1. DECEASED-NAME (Type or print): First Charles; Middle Clinton; Last Rawlings

2a. DATE OF DEATH: Month 5; Day 11; Year 69

2b. HOUR: 12:30 A.M.

3. SEX: Male

4. RACE: White

5. DATE OF BIRTH: July 26, 1901

6. AGE (In years last birthday): 67 YRS.

IF UNDER 1 YEAR: MONTHS / DAYS

IF UNDER 24 HRS: HOURS / MIN

7a. BIRTHPLACE (State or foreign country): Md.

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Westminster

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll Co. Gen. Hospt.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Paper Hanger

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md.

13b. COUNTY: Balto.

13c. CITY OR TOWN: Owings Mills

13d. INSIDE CITY LIMITS? YES [ ] NO [ ]

13e. STREET AND NUMBER: 11509 Reisterstown Road

14. FATHER'S NAME: First Thomas; Middle J.; Last Rawlings

15. MOTHER'S MAIDEN NAME: First Mary; Middle E.; Last Cook

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No

(If yes give war or dates of service)

16b. SOCIAL SECURITY NO: None

17. INFORMANT: Mrs. Charles M. Brown; Address: Reisterstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 19 DAYS

4369

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CARCINOMA OF LUNG SUSPECTED

19a. DATE OF OPERATION:

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20a. AUTOPSY? YES [ ] NO [ ]

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While [ ] at work; Not while [ ] at work

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION: Street or R.F.D. No. / City or Town / County / State

22a. I certify that (I) (this hospital) attended the deceased from 4/23, 1969, to 5/11, 1969, that (I) (we) last saw the deceased alive on 5/11 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Rocco Jr MD — DEGREE: ATTENDING PHYS [X] MED DIRECTOR [ ] STAFF PHYS [ ]

22c. DATE SIGNED: 5/11/69

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 14, 69

23c. NAME OF CEMETERY OR CREMATORY: All Saints Cemetery

23d. LOCATION (City or Town) (County) (State): Reisterstown, Md.

24. FUNERAL DIRECTOR: J. F. Eline & Sons; ADDRESS: Reisterstown, Md.

25a. REC'D BY REGISTRAR DATE: MAY 14 1969

25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

4369

VR A15 (4)
30M REV 11-68

06771

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06770

1 DECEASED NAME (Type or print) First: GEORGE Middle: E Last: REDDING	2a DATE OF DEATH Month: May Day: 5 Year: 1969	2b HOUR: 3:40 A.M.	
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: 7-30-06	6. AGE (In years last birthday): 62 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS.: HOURS, MIN
7a BIRTHPLACE (State or foreign country): Maryland	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH: Carroll Md
10 CITY OR TOWN OF DEATH: Westminster	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Carroll County Gen. Md. State Roads	12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired):	12b KIND OF BUSINESS OR INDUSTRY:
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland	13b COUNTY: Carroll	13c CITY OR TOWN: Manchester	13d INSIDE CITY LIMITS? YES ☐ NO ☒ 13e STREET AND NUMBER: 131 North Main Street
14 FATHER'S NAME First: Aaron Middle: Last: Redding	15 MOTHER'S MAIDEN NAME First: Florence Middle: Last: Kerchner		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b SOCIAL SECURITY NO: 218-07-2386	17 INFORMANT: Eva R. Gebhardt Address: Rd 1 Manchester, Md 21102	

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 486X
DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
Chronic alcoholism

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☐ NO ☒	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f. LOCATION Street or R.F.D. No City or Town County State	

22a I certify that (I) (this hospital) attended the deceased from May 3, 1969, to May 5, 1969, that (I) (we) last saw the deceased alive on May 5 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we)~~ (did) ~~(did not)~~ view the body after death.

22b SIGNATURE: John S. Harshey	DEGREE: ATTENDING PHYS ☐ ~~MED~~ DIRECTOR ☐ STAFF PHYS. ☐	22c DATE SIGNED: 5/5/69	
22d PHYSICIAN'S NAME (Type): JOHN S. HARSHEY MD	22e ADDRESS: Pandora St. Westminster, Md		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 5/7/69	23c. NAME OF CEMETERY OR CREMATORY: Manchester Cemetery	23d LOCATION (City or Town) (County) (State): Manchester Carroll Md.
24. FUNERAL DIRECTOR: John E. Goff	ADDRESS: 324 N. Main Street Hampstead, Maryland 21074	25a REC'D BY REGISTRAR DATE: MAY 8 1969	25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A18 14
45M

1

06772

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06771

1. DECEASED NAME (Type or print) First: XXXXX Middle: William Last: Harry / Roberts		2a. DATE OF DEATH Month 5 Day 31 Year 69	2b. HOUR 7:30 P M
3. SEX: Male	4. RACE: White	5. DATE OF BIRTH: Jan. 13, 1902	6. AGE (In years last birthday) 67 YRS. — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country) Pa	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville, Md	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Springfield State Hosp	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Coordinator	12b. KIND OF BUSINESS OR INDUSTRY Westinghouse
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.	13b. COUNTY ~~Baltimore~~	13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES [x] NO [ ] — 13e. STREET AND NUMBER 4210 Loch Raven Blvd
14. FATHER'S NAME First: John Middle: W. Last: Roberts		15. MOTHER'S MAIDEN NAME First: XXXXXXX Anna Middle: Last: Roberts	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO 190-09-4165A	17. INFORMANT Address: Springfield State Hosp. Sykesville Md	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia — 4 days

DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Heart Failure — months

DUE TO, OR AS A CONSEQUENCE OF (c) Cerebral sclerosis Heart failure — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [x] NO [ ]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from April 21, 69, to May 31, 1969, that (I) (we) last saw the deceased alive on May 31, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE Gracio H. Patricio — DEGREE — ATTENDING PHYS. [ ] MED DIRECTOR [ ] STAFF PHYS [x]		22c. DATE SIGNED 5/31/69
22d. PHYSICIAN'S NAME (Type) Gracio Patricio	22e. ADDRESS Springfield State Hosp.	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/1969	23c. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park	23d. LOCATION (City or Town) (County) (State) Parkville, Balto. Co., Md
24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. — ADDRESS 4905 York Rd. Baltimore 21212 Md.		25a. REC'D BY REGISTRAR JUN 2 1969	25b. REGISTRAR'S SIGNATURE Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

06773

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06772

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First: BESSIE Middle: LUCILLE Last: ROSER	2a. DATE OF DEATH Month: MAY Day: 7 Year: 69	2b. HOUR 6:25 A.M.	
3. SEX: FEMALE	4. RACE: WHITE	5. DATE OF BIRTH: OCT. 23, 1888	6. AGE (In years last birthday): 80 YRS. IF UNDER 1 YEAR: MONTHS, DAYS IF UNDER 24 HRS: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: CARROLL Co Md.
10. CITY OR TOWN OF DEATH: WESTMINSTER	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 224 E. MAIN ST.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): HOUSE-WIFE	12b. KIND OF BUSINESS OR INDUSTRY: —
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: MARYLAND	13b. COUNTY: CARROLL Co.	13c. CITY OR TOWN: WESTMINSTER	13d. INSIDE CITY LIMITS? YES ☑ NO ☐ 13e. STREET AND NUMBER: 224 E MAIN ST.
14. FATHER'S NAME First: JESSE Middle: D. Last: NUSBAUM		15. MOTHER'S MAIDEN NAME First: BARBARA Middle: Last: HOLLENBERRY	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown): NO (If yes give war or dates of service): —	16b SOCIAL SECURITY NO: 216-52-5723	17. INFORMANT: MRS JOHN E. OTTO Address: SAME ADDRESS	

MEDICAL-CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART 1. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a): Carcinoma intestine — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

1539

DUE TO, OR AS A CONSEQUENCE OF (b): Metastasis in liver

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF (c): Clin, Autopsy

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION: June 68	19b CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma	20a AUTOPSY? YES ☐ NO ☑	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No. City or Town County State	

22a. I **certify** that (I) (this hospital) attended the deceased from Apr 1, 1967 to May 7, 1969, that (I) (we) last saw the deceased alive on May 6 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) ~~(we) (did) (did not)~~ view the body after death.

22b. SIGNATURE: Wm Carl Jennette DEGREE	ATTENDING PHYS. ☑ MED DIRECTOR ☐ STAFF PHYS. ☐	22c DATE SIGNED: 5-8-69	
22d. PHYSICIAN'S NAME (Type): Wm CARL JENNETTE MD	22e) ADDRESS: 103 E Main Westminster Md		
23a BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b DATE: 5/10/69	23c. NAME OF CEMETERY OR CREMATORY: BAUST CHURCH CEMETERY	23d LOCATION (City or Town) TYRONE (County) CARROLL Co. (State) MD
24. FUNERAL DIRECTOR: J. E. Myers Jr.	ADDRESS: Westminster, Md.	25a. REC'D BY REGISTRAR DATE: MAY 12 1969	25b. REGISTRAR'S SIGNATURE: Marvin [illegible]

VR A76 (1) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 4

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay s necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

06774

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06773

1 DECEASED-NAME (Type or Print) First: CARROLL Middle: FRANKLIN Last: RUBY

2a DATE KNOWN OF DEATH ESTIMATED ☒ Month 5 Day 13 Year 1969 — 2b HOUR 2:30 A M

3 SEX: M — 4 RACE: W — 5 DATE OF BIRTH: 5-7-23 — 6 AGE (in years last birthday): 46 YRS — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.

2c DATE PRONOUNCED DEAD Month 5 Day 13 Year 1969 — 2d HOUR 2:30 A M

7a BIRTHPLACE (State or foreign country): Maryland — 7b CITIZEN OF WHAT COUNTRY?: USA — 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 9 COUNTY OF DEATH: Carroll Md

10 CITY OR TOWN OF DEATH: Hampstead — 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 261 S. Main St. — 12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Painter & Decorator — 12b KIND OF BUSINESS OR INDUSTRY

13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Md. — 13b COUNTY: Carroll — 13c CITY OR TOWN: Hampstead — 13d INSIDE CITY LIMITS? YES ☐ NO ☑ — 13e STREET AND NUMBER: 261 S. Main St.

14 FATHER'S NAME First: Raymond Middle: F. Last: Ruby — 15 MOTHER'S MAIDEN NAME First: Edna Middle: M. Last: Hare

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes give war or dates of service): WW 2 — 16b SOCIAL SECURITY NO: 219-12-0924 — 17 INFORMANT: Mrs. Patricia Ruby ADDRESS: Hampstead, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — APPROX. MATE INTERVAL BETWEEN ONSET AND DEATH

PART 1 DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Coronary Thrombosis (acute) — 1/2 hr

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

1109

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION — 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? — 20 AUTOPSY? YES ☐ NO ☒

21a EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH — 21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 — 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) — 21f LOCATION Street or R.F.D. No. City or Town County State

22a **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and in my opinion death resulted from Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: W. Leon Speicher M.D. — CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒

EXAMINER'S NAME (Type) — ADDRESS (Street, No. or Rural Route, City or Town, State) 135 E. Main St. Westminster Carroll Md

22b DATE SIGNED: 5-13-69

23a BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b DATE: 5-15-69 — 23c NAME OF CEMETERY OR CREMATORY: Wesley Cemetery — 23d LOCATION (City or Town): Hampstead (County): Carroll Md

24 FUNERAL DIRECTOR: Tipton-Eline Funeral Home ADDRESS: Hampstead, Md. — 25a REC'D BY REGISTRAR DATE: MAY 15 1969 — 25b REGISTRAR'S SIGNATURE

VR A15ME (5) 10M REV 1-68

1

06775

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06774

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print): First: Charles; Middle: Edward; Last: Ryder
2a. DATE OF DEATH: Month: May; Day: 2; Year: 1969
2b. HOUR: M
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: February 14, 1907
6. AGE (In years last birthday): 62 YRS.; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
7a. BIRTHPLACE (State or foreign country): Hagerstown, Md.
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: New Windsor
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): 120 Main St.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Bus Driver
12b. KIND OF BUSINESS OR INDUSTRY: Transportatio
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE: Maryland
13b. COUNTY: Carroll
13c. CITY OR TOWN: New Windsor
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 120 Main St.
14. FATHER'S NAME First Middle Last: Unknown
15. MOTHER'S MAIDEN NAME First Middle Last: Unknown
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 214-09-7317
17. INFORMANT: HA John E. Ryder Address: 819 Washington Ave. Hagerstown, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic CVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
4104
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 1967, 19____, to 5/2/69 19____, that (I) (we) last saw the deceased alive on 4/29/69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: M. E. Robertson MD DEGREE — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/2/69
22d. PHYSICIAN'S NAME (Type): M. E. Robertson
22e. ADDRESS: New Windsor, Md

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 6, 1969
23c. NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
23d. LOCATION (City or Town) (County) (State): Hagerstown-Washington-Md.
24. FUNERAL DIRECTOR: Wm. E. Moser ADDRESS: Rest Haven Funeral Chapel Hagerstown, Md.
25a. REC'D BY REGISTRAR DATE: MAY 8 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15 (4) 30M REV 1/68

1

06776

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06775

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be examined within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

2509

1. DECEASED-NAME (Type or print): First NORA; Middle Shriner; Last Schroyer
2a. DATE OF DEATH: Month May; Day 29; Year 1969
2b. HOUR: 1:30 P.M.
3. SEX: Female
4. RACE: White
5. DATE OF BIRTH: 2-16-90
6. AGE (In years last birthday): 79 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md
10. CITY OR TOWN OF DEATH: Sykesville
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired): Housework
12b. KIND OF BUSINESS OR INDUSTRY: ———
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Frederick
13c. CITY OR TOWN: Frederick
13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER: 7 McMurray Street
14. FATHER'S NAME First: Edward; Middle: O.; Last: Shriner
15. MOTHER'S MAIDEN NAME First: Ellen; Middle: E.; Last: McClean
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes give war or dates of service): ———
16b. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Records, Springfield State Hospital — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarction — Approximate interval between onset and death: Days
DUE TO, OR AS A CONSEQUENCE OF
(b) Arteriosclerotic cardiovascular disease — Years
DUE TO, OR AS A CONSEQUENCE OF
(c) Diabetes; generalized arteriosclerosis — Years
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 7-12-30, 19____, to 5-29-69, 19____, that (I) (we) last saw the deceased alive on 5-29-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Agustin del Campo MD — DEGREE — ATTENDING PHYS. ☐ MED DIRECTOR ☐ STAFF PHYS. ☒
22c. DATE SIGNED: 5-29-69
22d. PHYSICIAN'S NAME (Type): Augustin del Campo, M.D.
22e. ADDRESS: Springfield State Hospital Sykesville, Maryland 21784

23a. BURIAL CREMATION REMOVAL (Specify): Burial
23b. DATE: June 5-1969
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City or Town) (County) (State): Frederick, Md. 21701
24. FUNERAL DIRECTOR: M R Ethison & Son — ADDRESS: Donald Feaby Frederick-Md.
25a. REC'D BY REGISTRAR DATE: JUN 5 1969
25b. REGISTRAR'S SIGNATURE: Thomas Quade

VR A 45M

06777

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06776

1. DECEASED-NAME (Type or print): First: Robert; Middle: L.; Last: TALBERT
2a. DATE OF DEATH: Month: May; Day: 13; Year: 1969
2b. HOUR: 6:10 A.M.
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Nov 19. 1881
6. AGE (In years last birthday): 87 YRS. — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): Maryland
7b. CITIZEN OF WHAT COUNTRY?: USA
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Manchester Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Longwood Nursing Home 125 N Main Street
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer
12b. KIND OF BUSINESS OR INDUSTRY: Agriculture
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland
13b. COUNTY: Balto
13c. CITY OR TOWN: Owings Mills
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER: 10 Byway Rd
14. FATHER'S NAME: First: William; Middle: ; Last: Talbert
15. MOTHER'S MAIDEN NAME: First: Matilda; Middle: ; Last: DARBY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO: 212-30-1005
17. INFORMANT: Mrs Betty Parry — Address: 10 Byway Rd. Owings Mills Md

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days.
DUE TO, OR AS A CONSEQUENCE OF
(b): Arteriosclerotic Cardiovascular Disease — ?
DUE TO, OR AS A CONSEQUENCE OF
(c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
4124

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)

19a. DATE OF OPERATION: —
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20a. AUTOPSY? YES ☐ NO ☒
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY: HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)
21f. LOCATION: Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from Jan 30, 1965, to May 13, 1969, that (I) (we) last saw the deceased alive on May 13, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Joseph E. Bush — DEGREE: ATTENDING PHYS ☒ MED. DIRECTOR ☐ STAFF PHYS ☐
22c. DATE SIGNED: May 13, 1969
22d. PHYSICIAN'S NAME (Type): Joseph E. Bush MD
22e. ADDRESS: Hampstead Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 16, 1969
23c. NAME OF CEMETERY OR CREMATORY: Grace Meth. Ch. Cem.
23d. LOCATION (City or Town) (County) (State): Baltimore Co., Md.
24. FUNERAL DIRECTOR: H. J. Schlardt — ADDRESS: Owings Mills, Md.
25a. REC'D BY REGISTRAR: DATE MAY 16 1969
25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV 1/68

1

06778

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06777

1. DECEASED-NAME (Type or print): First Melvin Middle Clinton Last UNGER
2a. DATE OF DEATH: Month 5 Day 30 Year 69
2b. HOUR: 2:05 PM
3. SEX: Male
4. RACE: White
5. DATE OF BIRTH: Nov. 28, 1902
6. AGE (In years last birthday): 66 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. COUNTY OF DEATH: CARROLL Co. Md.
10. CITY OR TOWN OF DEATH: WESTMINSTER
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): CARROLL Co. GEN
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): TRACKMAN RAILROAD
12b. KIND OF BUSINESS OR INDUSTRY:
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE: MARYLAND
13b. COUNTY: CARROLL
13c. CITY OR TOWN: WESTMINSTER
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 60 MADISON ST.
14. FATHER'S NAME First JOHN Middle Last UNGER
15. MOTHER'S MAIDEN NAME First SARAH Middle Last STARNER
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 705-10-6503
17. INFORMANT: MRS M.C. UNGER Address: 60 MADISON ST. WESTMINSTER MD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 HOURS
4100
DUE TO, OR AS A CONSEQUENCE OF
(b) HYPERTENSIVE + ARTEROSCLEROTIC
~~DUE TO, OR AS A CONSEQUENCE OF~~
(c) CORONARY HEART DISEASE — YEARS
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☐
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I certify that (I) (this hospital) attended the deceased from 5/29, 1969, to 5/30, 1969, that (I) (we) last saw the deceased alive on 5/30 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Vincent J. Flocco Jr. MD DEGREE — ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 5/30/69
22d. PHYSICIAN'S NAME (Type): VINCENT J. FLOCCO JR
22e. ADDRESS: ANCHOR ST. WESTMINSTER, MD

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/2/69
23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN MEM. GARDENS
23d. LOCATION (City or Town) (County) (State): FINKSBURG, MD
24. FUNERAL DIRECTOR: J. S. Myers Jr. ADDRESS: WESTMINSTER, MD
25a. REC'D BY REGISTRAR: JUN 3 1969
25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06779

CERTIFICATE OF DEATH

06778

1. DECEASED-NAME (Type or print): First Anna; Middle Marie; Last Weigand

2a. DATE OF DEATH: May Month 4 Day 1 69 Year

2b. HOUR: 6:45a M

3. SEX: Female

4. RACE: White

5. DATE OF BIRTH: 9-4-85

6. AGE (In years last birthday): 83 YRS. IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.

7a. BIRTHPLACE (State or foreign country): Maryland

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. COUNTY OF DEATH: Carroll Md.

10. CITY OR TOWN OF DEATH: Sykesville, Md.

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield State

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife

12b. KIND OF BUSINESS OR INDUSTRY:

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland

13b. COUNTY: City

13c. CITY OR TOWN: Baltimore

13d. INSIDE CITY LIMITS? YES ☒ NO ☐

13e. STREET AND NUMBER: 3515 Woodring Avenue

14. FATHER'S NAME First: Peter; Middle; Last: Violi

15. MOTHER'S MAIDEN NAME First: Anna; Middle; Last: Dassing

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)

16b. SOCIAL SECURITY NO.: 216-01-0707

17. INFORMANT: Records Address: Springfield State Hospital Sykesville, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Conges tive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months

4123

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease — years

DUE TO, OR AS A CONSEQUENCE OF

(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY? YES ☐ NO ☒

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)

21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED While at work ☐ Not while at work ☐

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 2-14- 1969, to 5-4 1969, that (I) (we) last saw the deceased alive on 5-4 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Gracitio V. Patricio DEGREE: ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☒

22c. DATE SIGNED: 5/4/69

22d. PHYSICIAN'S NAME (Type): Gracitio V. Patricio, M. D.

22e. ADDRESS: Springfield State Hospital Sykesville, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5-7-69

23c. NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

23d. LOCATION (City or Town) (County) (State): Baltimore, Maryland

24. FUNERAL DIRECTOR: John C. Miller Inc

ADDRESS: 6415 Belair Road-21206

25a. REC'D BY REGISTRAR DATE: MAY 8 1969

25b. REGISTRAR'S SIGNATURE: Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1-68

1

FOR STATE HEALTH DEPT.

Items 7, 8, & 13 Film G415
8/6/69 kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09720

1. DECEASED-NAME (Type or Print) First: LONNIE Middle: HILL Last: WHITEHEAD		2a. DATE OF DEATH KNOWN ☒ ESTIMATED ☐ Month 5 Day 30 Year 1969	2b. HOUR 10:am
3. SEX: Male	4. RACE: Negro	5. DATE OF BIRTH	6. AGE (In years last birthday) 60 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
2c. DATE PRONOUNCED DEAD Month May Day 30 Year 19 69	2d. HOUR 10am		
7a. BIRTHPLACE (State or foreign country): North Carolina	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Separated	9. COUNTY OF DEATH: Carroll Md.
10. CITY OR TOWN OF DEATH: Sykesville	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Springfield St. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Baltimore	13c. CITY OR TOWN: Sykesville	13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER: 2266 Brookfield Avenue ~~Springfield St. Hosp.~~			
14. FATHER'S NAME First / Middle / Last		15. MOTHER'S MAIDEN NAME First / Middle / Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
481X
DUE TO, OR AS A CONSEQUENCE OF
(b)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☒ NO ☐
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☒ Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Edward F. Wilson M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type) Edward F. Wilson, M.D.
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED June 2, 1969

23a. BURIAL CREMATION REMOVAL (Specify)	23b. DATE 7.24.69	23c. NAME OF CEMETERY OR CREMATORY U. of Md. Med. School	23d. LOCATION (City or Town) (County) (State) Baltimore Md.
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR DATE JUL 28 1969	25b. REGISTRAR'S SIGNATURE Florence Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM2. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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10M REV. 1/68

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